

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Colorado Doctors Plan
Plan Code	BP8W
<b>Plan Basics</b>	
Primary Care Physician Required?	Yes
Electronic Referrals	
Required to see Specialists?	No
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$6,500
Family	\$13,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$8,150
Family	\$16,300
<b>Coinsurance</b>	
	20%
<b>Office Visits</b>	
Office Visits — Primary Care	Covered 100%
Office Visits — Specialist	\$100
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
<b>Lab and Diagnostic Services</b>	
Minor Lab Testing and X-ray — Physician Office	Covered 100%
Minor Lab Testing and X-ray — Freestanding Facility	DED/COINS
Minor Lab Testing and X-ray — Hospital	DED/COINS
Major Diagnostic and Imaging Services - Freestanding	DED/COINS
Major Diagnostic and Imaging Services - Hospital	DED/COINS
<b>Other Care Options</b>	
Urgent Care	Covered 100%
Emergency Room	\$500 POD + DED/COINS
Outpatient Services - Freestanding Facility	DED/COINS
Outpatient Services - Hospital	DED/COINS
Inpatient Hospital	DED/COINS
Pharmacy Plan	838V
<b>Retail</b>	
<b>Deductible</b>	
Individual	Combined with Medical
Family	Combined with Medical
Tier 1	\$0
Tier 2	\$50
Tier 3	\$100
Tier 4	\$350
<b>Mail Order</b> (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details	2.5
<b>Plan Notes</b>	*POD=Per Occurrence Deductible. Avoid this charge by seeking services at a freestanding facility.